

**BOARD OF REGISTERED NURSING**

P O Box 944210, Sacramento, CA 94244-2100

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### VERIFICATION OF THE COMPLETION OF A NURSE ANESTHESIA (NA) ACADEMIC PROGRAM

**A. TO BE COMPLETED BY APPLICANT:** Please complete Section A and forward to the program director/representative for the Nurse Anesthesia academic program for completion. Official transcripts submitted must include all completed course work with the certificate/degree status conferred and must be sent directly to the Board of Registered Nursing by the Registrar's Office/Transcript Office. A processing fee may be required for the submission of the official transcripts. Please print or type.

<b>Name:</b>  <div style="display: flex; justify-content: space-between; width: 80%; margin-left: 40px;"> <span>( Last )</span> <span>( First )</span> <span>( Middle )</span> </div>	<b>Previous Names (Including Maiden Name):</b>  
<b>Address:</b>  <div style="text-align: center; margin-top: 10px;"> <span>( Number &amp; Street )</span> </div>	<b>Date of Birth:</b>  <div style="display: flex; justify-content: space-between; width: 80%; margin-left: 40px;"> <span>( Month )</span> <span>( Day )</span> <span>( Year )</span> </div>
<div style="text-align: center; margin-top: 10px;"> <span>( City )</span> <span>( State )</span> <span>( Zip Code )</span> </div>	<b>Social Security Number (Mandatory):</b>  
<b>Telephone Number:</b> Home (    )                      Work (    )	<b>California RN License Number:</b> <b>Expiration Date:</b>
<b>Name of Nurse Anesthesia Academic Program:</b>	
<b>Entrance and Completion Dates:</b>	<b>Type of Program:</b>
<b>Signature of Applicant:</b> _____ <b>Date:</b> _____	

**B. TO BE COMPLETED BY THE PROGRAM DIRECTOR/REPRESENTATIVE FOR THE NURSE ANESTHESIA ACADEMIC PROGRAM:** Please complete Part B regarding the above named applicant and return to the Board of Registered Nursing.

<b>Name of Nurse Anesthesia Academic Program:</b>	<b>Telephone Number:</b> (    )
<b>Address:</b>  <div style="display: flex; justify-content: space-between; width: 80%; margin-left: 40px;"> <span>( Number &amp; Street )</span> <span>( City )</span> <span>( State )</span> <span>( Zip Code )</span> </div>	
<b>Type of Program:</b> <input type="checkbox"/> Certificate <input type="checkbox"/> Master's <input type="checkbox"/> Post-Master's	
<b>Entrance and Completion Dates:</b> <b>From:</b> <b>To:</b> <div style="display: flex; justify-content: space-between; width: 80%; margin-left: 40px;"> <span>( Month )</span> <span>( Day )</span> <span>( Year )</span> <span>( Month )</span> <span>( Day )</span> <span>( Year )</span> </div>	
<b>Date Certificate/Degree Status Conferred:</b> (If conferral date and/or status not posted to transcript, please explain.)	
I certify under penalty of perjury that the documentation regarding the completion of the nurse anesthesia program for the above named applicant is true and correct.	
<b>Signature:</b> _____ <b>Date:</b> _____	
<b>Title:</b> _____ <b>Telephone Number:</b> (    ) _____	